

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5731

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5935</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia rural</u>		c. LENGTH OF STAY (In this place) <u>36 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 2, Flat Creek Bridge on Abel road</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNA</u>		b. (Middle) <u>DUGAN</u>		c. (Last) <u>GRANT</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>25,</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 7, 1867</u>		9. AGE (In years last birthday) <u>81</u> <u>8</u> <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home-making</u>		11. BIRTHPLACE (State or foreign country) <u>Winchester, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Peter Dugan</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Callans</u>		14. NAME OF HUSBAND OR WIFE <u>John Grant, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Grant, son, Route 2, Sedalia Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning &amp; Exposure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Seridity</u> DUE TO (c) <u>69 215</u> <u>42</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>PUBLIC HIGHWAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia rural Sedalia Twp. Pettis Co. Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>BECAME LOST &amp; COUGHT ON FENCEWIRE IN A POND</u>			
22. I hereby certify that I attended the deceased from <u>AS ACTING CORONOR</u> , to <u>about</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl P. Tonsant M.D.</u>		(Degree or title)		23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>25 FEB 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/1/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-12-1949</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion Ewing</u>		ADDRESS <u>Sedalia, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

FEB 18 1950

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 3-14-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

RICHARD D. CONN

Student Embalmer No. 261

working under my personal supervision.

Signed

Richard D. Conn  
Student Embalmer

Signed

Ruane Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.